

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. <b>10/619347</b>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							
2		1		1				
3		1		1				
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TOTAL IND.	1		1					
TOTAL DEP.	17		12					
TOTAL CLAIMS	18		13					
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TOTAL IND.								
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PTO-1360 (2-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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